評估日期： 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **一、實習工作概況(實習單位協助填寫)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **實習機構名稱** |  | | | | | | | | | | | | | | | | **層級** | | | | | | □醫學中心 □區域醫院 □地區醫院  □基層診所□長照機構 □其他： | | | | | | | | | | | |
| **實習機構地址** |  | | | | | | | | | | | | | | | | **電話** | | | | | |  | | | | | | | | | | | |
| **實習負責人** |  | | | **職稱** | |  | | | **分機** | | |  | | | | | **E-mail** | | | | | |  | | | | | | | | | | | |
| **實習時間** | 實習制別：□A □B □C制 □D制  □全部在週一至週五白天 AM : -PM :  □會包括部分時間於夜間實習，請說明：  □會包括部分時間於週末或假日實習，請說明(含補修方式)： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **臨床教師與**  **學生比例** | 專任共有  人、兼任  人(至當年度12月底為止) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主治物理治療師，指工作資歷超過(含)4年者 | | | | | | | | | | | | | | | | | | | | | | | 專任 | | | 人 | | | | 兼任 | | | 人 |
| 高級物理治療師，指工作資歷為2年(含)至4年者 | | | | | | | | | | | | | | | | | | | | | | | 專任 | | | 人 | | | | 兼任 | | | 人 |
| 初級物理治療師，指不滿2年者指工作資歷 | | | | | | | | | | | | | | | | | | | | | | | 專任 | | | 人 | | | | 兼任 | | | 人 |
| 臨床教師，指具有學會認證 | | | | | | | | | | | | | | | | | | | | | | | 專任 | | | 人 | | | | 兼任 | | | 人 |
| **治療病患量** | 學生每半天負責治療人數(負荷量)： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □骨科 | | | | | 人 | | □神經 | | 人 | | | | | □小兒 | | | | 人 | | | | | | | □心肺 | | | | 人 | | | | |
| □床邊治療 | | | | | 人 | | □輔具 | | 人 | | | | | □長期照護 | | | | 人 | | | | | | | □燒燙傷 | | | | 人 | | | | |
| □其他 | | | | | 人 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **實習站別** | □骨科 | | 週 | | | | □神經 | | | | 週 | | | | □小兒 | | | | | | 週 | | | | | □心肺 | | | | | | 週 | | |
| □輔具 | | 週 | | | | □長期照護 | | | | 週 | | | | □運動醫學 | | | | | | 週 | | | | | □燒燙傷 | | | | | | 週 | | |
| □床邊治療(□骨科□神經□心肺□小兒□其他 ) | | | | | | | | | | | | | | | | | | | 週 | | | | |  | | | | | | | | | |
| □其他 | | | | | | | | | | | | | | | | | | | | | 週 | | |  | | | | | | | | | |
| **臨床教學計畫** | □Book reading | | | | | | | | | | | | |  | | 次 (週/梯) | | | | | | □Journal meeting | | | | | | |  | | | | 次 (週/梯) | |
| □case presentation | | | | | | | | | | | | |  | | 次 (週/梯) | | | | | | □Seminar or Topic | | | | | | |  | | | | 次 (週/梯) | |
| □Joint Evaluation for Child Development | | | | | | | | | | | | |  | | 次 (週/梯) | | | | | | □書寫病歷 | | | | | | |  | | | | 次 (週/梯) | |
| □考試 | | | | | | | | | | | | |  | | 次 (週/梯) | | | | | | □其他: | | | | | | |  | | | | 次 (週/梯) | |
| **臨床教學參考資料** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **評量方式** | □筆試 □臨床技能測試 □口試 □報告 □病例書寫 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **膳宿** | **膳食** | □供膳□自理(□員工餐廳優惠) | | | | | | | | | | | | | **住宿** | | | □供宿(金額： 元/月) □自理  【若有供宿，請訪視教師填寫第三大項】 | | | | | | | | | | | | | | | | |
| **二、實習工作評估(本系訪視輔導教師填寫)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 題項 | 非常滿意 (5) | | | | 滿意(4) | | | | | | | | 普通(3) | | | | | | 不滿意(2) | | | | | | | | | 非常不滿意(1) | | | | | | |
| 1.工作時間 | □5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1 | | | | | | |
| 2.工作環境 | □5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1 | | | | | | |
| 3.工作安全性 | □5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1 | | | | | | |
| 4.工作專業性 | □5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1 | | | | | | |
| 5.體力負荷 | (負荷適合)□5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1(負荷不適合) | | | | | | |
| 6.勞動條件 | □5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1 | | | | | | |
| 7.安全衛生 | □5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1 | | | | | | |
| 8.培訓計畫 | □5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1 | | | | | | |
| 9.合作理念 | □5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1 | | | | | | |
| **1~9題項總分** | \_\_\_\_\_\_\_\_\_\_\_分（滿分45分）(達36分(含)以上推薦實習) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **三、實習機構提供住宿評估(本系訪視輔導教師填寫)** □無供宿，免填寫 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 題項 | 優良(5) | | | | 佳(4) | | | | | | | | 普通(3) | | | | | | 差(2) | | | | | | | | | 極差(1) | | | | | | |
| 1.住宿環境 | □5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1 | | | | | | |
| 2.消防設施 | □5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1 | | | | | | |
| 3.逃生設施 | □5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1 | | | | | | |
| 4.門禁安全 | □5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1 | | | | | | |
| 5.照明設備 | □5 | | | | □4 | | | | | | | | □3 | | | | | | □2 | | | | | | | | | □1 | | | | | | |
| **1~5題項總分** | \_\_\_\_\_\_\_\_\_\_\_分（滿分25分）(達20分(含)以上合格) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 補充說明 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **三、評估結論**：  □推薦實習 □不推薦實習  **評估教師簽章**： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**單位主管簽章： 院長簽章：**